DEPARTMENT OF HEALTH AND HUM. SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45 10/30/10

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445445	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/13/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAY COUNTY MANOR INC	120 PITCOCK LANE CELINA, TN 38551

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined the facility failed to maintain the corridor openings as required. The findings include: On 9/13/10 at 11:40 a.m., observation within resident room 310 revealed the corridor entry door required more than five (5lbf) pounds of force to open. National Fire Protection Association (NFPA) 101,7.2.1.4.5 This finding was acknowledged by the Maintenance supervisor and verified by the	K 018	K018 1. The door strike was modified by the Director of Maintenance on 9/14/10 to reduce the tension of the door knob. 2. 100% of doors were audited by the Director of Maintenance to ensure that there are no impediments to door enclosures. 3. The maintenance department was inserviced on 9/14/10 regarding proper door closures by the Administrator. 4. The maintenance director will examine the doors weekly for four weeks and then monthly thereafter to ensure that they are in proper working order. All results will be reported to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Staffing Coordinator, Minimum Data Set Coordinator, Social Services, Activities Director, Dietary Manager, and Housekeeping Supervisor.	Completion Date 9/25/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Paula Boone	Administrator	9/29/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 Administrator during the exit interview on 9/13/10.	K 018		
K 056 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined the facility failed to maintain the sprinkler system as required. The findings include: On 9/13/10 at 1:20 p.m., observation of the canopy under the 300 hall exit door revealed the escutcheon plate was missing. National Fire Protection Association (NFPA) 13, 3.2.7.2 This finding was acknowledged by the Maintenance Supervisor and verified by the Administrator during the exit interview on 9/13/10.	K 056	K056 1. The escutcheon for the sprinkler head was replaced on 9/15/10. 2. 100% of the sprinklers were audited by the Director of Maintenance to ensure that there are no additional missing plates. 3. The maintenance department was inserviced on 9/14/10 regarding sprinkler maintenance by the Administrator. 4. The maintenance director will examine the sprinkler plates weekly for four weeks and then monthly thereafter to ensure that they are in proper working order. All results will be reported to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Staffing Coordinator, Minimum Data Set Coordinator, Social Services, Activities Director, Dietary Manager, and Housekeeping Supervisor.	Completion Date 09/25/10
K 147 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

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K 147	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the electrical system as required. The findings include: 1. On 9/13/10 at 11:15 a.m., observation within the dietary area next to the deep fryer unit revealed the electric junction box was loose. National Fire Protection Association (NFPA) 70, 110-13(a) 2. On 9/13/10 at 1:45 p.m., observation within resident room 301 revealed the electric outlet next to the bed had no cover plate. NFPA 70, 410-56(d) 3. On 9/13/10 at 2:30 p.m., observation within the ceiling area above the dietary revealed the use of an extension cord. NFPA 70, 240-4 These findings were acknowledged by the Maintenance Supervisor and verified by the Administrator during the exit interview on 9/13/10.	K 147	K147 1. The use of the extension cord was discontinued on 9/14/10 by the Director of Maintenance. The electric outlet cover in room 301 was replaced on 9/14/10 by the Director of Maintenance. The electric junction box was replaced on 9/21/10 by the Director of Maintenance. 2. A review of the electrical services in the building by the Director of Maintenance was conducted on 9/14/10 to identify any other areas of deficiencies. 3. The maintenance department was inserviced on 9/14/10 regarding proper maintenance of the electrical systems by the Administrator.	Completion Date 09/25/10

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